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CONTRIBUTION TO THE STUDY OF INTERMEDIACY.

By DR. E. S. SHEPHERD.

THIS paper had its origin in a remark by the editor that perverts should be given a dose of HCN. One is frequently tempted to agree with that prescription, but it might be well to first make sure that such wholesale elimination would not remove a number of valuable citizens. When this was suggested to the editor he advised that I sketch for the Journal a few intermediates who were of social value. Such a sketch presents insuperable difficulties. Out of the prevailing ignorance there arises a serious prejudice which maintains that intermediacy and perversity are synonymous. To call a man an intermediate is, in the popular conception of the word, equivalent to calling him a fellatrist and the mere accusation of such iniquity will ruin any man, even though he can prove his innocence, and show that the accusation was made with intent to kill him. We are never really able to believe that the accused was innocent, partly I fear, because we hope he was guilty. It becomes impossible therefore to vivisect one's acquaintances in a journal even though one attempts the disguise of "case reports." To establish the merit of such an individual it is necessary to tell what he has done, or is doing, as well as to specify the degree of perversity if any. Obviously this cannot be done with the living, nor, because of the family, with the recently deceased. One is therefore compelled to cling to quite general statements.

As is well known, our unsatisfied sexuality motivates that particularly cruel and malignant persecution which we mete out to those suspected of sexual trespasses and this persecution is intensified manifold where the trespass involves what we have designated as perversity. Possibly our own repressed perversities find relief in such outbursts, just as vice-crusading serves similarly for the normal sex hunger. At any rate one can not tell the truth as frankly as one might desire without involving many innocent people in a most unjust persecution. Physicians, for the most part,

see only the lower classes of intermediates—those neurotics who are both perverse and mentally inferior or the spiritually feeble-minded who call for treatment of one disease or another.

Hence arises a distorted perspective which ignores those buoyantly healthy intermediates who frequently do not know that they are different from other men and who often are not so, judged by the physician's standards. The doctor thus falls into the vulgar error of supposing that a mixed psyche (the fundamental criterion of intermediacy) is synonymous with fellatio, sodomy, and the various sadistic-masochistic methods of detumescence. This supposition is true in about the same degree as the assumption that all normal men have sexual relations, or desire them, with all of their female acquaintances—some do, some don't, more or less, according to the individual and the circumstances.

That our streets and beaches are overrun by male prostitutes (fairies) is obvious, just as in such places the female prostitute, professional or clandestine, abounds. But there is no more warrant for judging the intermediates by their lowest manifestations than for judging our womanhood by the lowest class of prostitutes. With a little more study these distressing manifestations find their origins in that same degradation of the mind and body which is the pride of our civilization. It seems hardly worth while to repeat case reports when such are available to any one who is willing to look up: Krafft-Ebing's "*Psychopatha Sexualis*;" Havelock Ellis' "*Psychology of Sex*"; Edward Carpenter's "*The Intermediate Sex*" and "*Intermediate Types*," or for a brief and not very intelligent presentation, Forel's "*The Sexual Question*." Until such sources have been consulted it is impossible to discuss the question intelligently.

Even with these data for a background one has to be constantly on guard to escape the temptation towards hasty generalization. With the exception of Ellis, Carpenter, and Bloch, most writers, either pro or con, too often dip their pens in the ink of self-righteousness, which may be good morals but is assuredly bad science.

The problem is greatly obscured by the fact that most intermediates pass unrecognized even by their most intimate friends, since any hint of intermediacy involves under the prevailing ignorance the accusation of perversity which means ruin. There results therefore a series of defenses which one is rarely able to overcome. Only by long and sympathetic observation is one able to find a way through and ultimately to satisfy himself that inter-

mediates are not only very common but also frequently men and women of great social value. Many of our national leaders have been not only intermediates but even sexually perverse, yet gave valuable service to their fellow-men. On the other hand, we have plenty of so-called normals in public life who not only render no great service but are also notoriously dissolute.

Not long since I saw a paper on the morals of artists, etc., in which the author defended vigorously the morals of our artistic brethren and maintained that they were perfectly respectable. In the light of his knowledge the author was quite right since nothing is even said in biographies about the *vita sexualis*, and even so simple and innocent a sin as going on an occasional spree is repelled with much heat by the family or admirers of the deceased. This sort of tombstone mendacity may have worthy origins but does not constitute a proof that the world's leaders were necessarily prudes. It would seem better policy to admit frankly the weaknesses of such gifted persons if only in order to encourage others who, "convicted of sin," might yet find inspiration to try to do something instead of slinking off as they too often do. Many leaders, especially in creative lines, are known to the elect to have been more or less perverse although their biographies give no hint of it. This omission leads to the further confusion that the manifestations which should properly have been ascribed to intermediacy pass current as "normal" activities and obscure the problem accordingly.

Some time ago the writer ventured a few observations as to the meaning of normal as applied to the sex impulse. (This Journal, Vol. XIII, 64, 1917.) On that occasion I tried to show that the word is far from definite in meaning and that a considerable latitude must be allowed in passing judgment on methods of detumescence. As applied to secondary sexual phenomena the word is still more vague. It was shown that we have both masculine women and effeminate men who present none too convincing evidence of "normality," yet, since their preferred method of detumescence is coitus, we must under the conventional interpretation regard them as 'normal.' As a matter of fact we should regard such persons as members of the so-called third sex, the intermediates. There is a large literature about this phenomenon and fortunately the writings are becoming more scientific and agreeably less romantic. Yet, when we look for some explanation we find ourselves still in the realm of subjective speculation.

Hermaphroditism is, of course, more or less intelligible since it rests on a definite anatomical basis, but the "anima muliebris in corpore virili inclusa" has long been a paradox and a mystery. This could not well be otherwise as long as our concepts of maleness or femaleness remain but hazy notions. Each of us knows what is meant by a manly man—I fear, a man very like ourselves—but no two of us could agree very definitely on any specific case. Our notions of mannish or effeminate are for the most part matters of our personal tastes. When we think of the intermediate at all, which fortunately for him is seldom, we usually think of certain perverse methods of detumescence rather than of psychic characteristics. In general, opinion of the intermediate ranges all the way from the anathema of the church, pronounced more often than not by a more or less conscious intermediate, to the panegyrics of those intermediates who believe that of such only is the kingdom of heaven—an idea not wholly inconsistent with our asexual concept of angels.

Edward Carpenter* suggests a classification which is admirably adapted to help clarify our notions. He shows that the phenomena are continuous and range all the way from what we may call the ultra-masculine to the infra-feminine. For an attraction to exist between any two members of such a series it is only necessary that the sum of their respective qualities shall fall some distance apart measured on this hypothetical scale. Thus, the ultra-masculine may be attracted by what we would designate as pure masculine and find his interest returned in some degree. Similarly with the infra-feminine an attraction may be manifested in either direction if only the separation of qualities be sufficient. Now all this applies primarily to matters of intellectual or emotional attraction and does not necessarily imply that the methods of detumescence shall present anything particularly indicative of perversity. On the other hand, we must recognize that a certain amount of the libido will not and can not be appeased with sublimations so that some degree of perversity may be present in all cases and *faute de mieux* any of the substitute gratifications may be adopted by persons emotionally in unison. With this in mind one can reread the chapters on psychopathia sexualis by the descriptive writers with something like understanding, however inexcusable such behavior may appear.

It has also been established that the phenomenon of interme-

* Intermediate Types Among Primitive Folk.

diacy is congenital and that it appears not only in tribes uncontaminated by civilization and where sex hunger would seem to be absent, but also that it is present in most animals, at least, with most animals which have associated much with man. Which being the case, it becomes absurd to dismiss these phenomena as "unnatural," however distressing they may be to us personally. I shall therefore continue to refer to perversity, meaning thereby methods of detumescence other than coitus with this caution that the reader should remember that pervert has degenerated into an epithet and has no scientific standing. Intermediate is a more general term which refers primarily to the mixed psyche regardless of methods of detumescence. Thus one may be an intermediate while retaining coitus as his method of sexual satisfaction whereas a pervert or invert will always be an intermediate.

In this country, where the facts of sex are unknown even to a majority of the medical profession, the intermediate is seldom recognized and even the grosser forms of perversity manage to escape the eyes of our too-ambitious watchdogs of the public morals. Any mention of the subject usually conjures up visions of "fairies"—the male prostitute of the streets, about whom is centered a whole jargon unknown to many sexologists—and it is usually assumed that all such are worthless degenerates who should be exterminated by the police. This fancy is based on that confusion of ideas mentioned above and ignores the socially important side of the question. It can not be too soon realized that intermediates are, in common with others, human beings and subject to the same environmental forces either elevating or degrading. Furthermore, there are all degrees of intermediacy both psychic and physical. There are, for example, fellatrists who, in intellectual acumen, spiritual elevation, or altruism and artistic creativeness, are wonderfully endowed. That they are not recognized as such is merely a question of our social conventions and the correlated defensive measures. On the other hand we have the male prostitute of the streets and beaches whose grossness is in no way better or worse than that of the pimp or roué. In between lie all degrees of physical 'normality' combined with an intermediate psyche and the reverse. The point to keep in mind is that we have all degrees from the spiritually-gifted intermediates or pseudo-normals, grading down to the grossest natures. Nor should it be forgotten that many a libidinous male who boasts his 'normality' is spiritually mere sewage.

It is difficult to characterize the intermediate. The blend of male and female characters is infinite. It will be remembered that not even our courts can decide when a mixture of whiskey and water ceases to be watered whiskey and becomes adulterated water. It should be obvious, therefore, that in such a matter as mixed psyches definite criteria would be hard to establish. A man may be a perfect 'sissy' and yet retain the 'normal' method of detumescence, whereas another may be a big virile "bull" of a man and yet be sexually perverse. Both of these types are often very attractive to women though for different reasons. Surely we can not hope to so define intermediacy that a man could be convicted of it in court. The best we can do is to state some of the more obvious characters.

One of the most obvious characteristics of the intermediate is sentimentality. There is a prolongation of the adolescent mixt psyche throughout life (c. f. Freud's "polymorphous-perverse"); a certain intuitive sympathy notably feminine in quality; a strong altruistic taint; and a tendency toward intellectual creativeness rather than procreation. This quite feminine sympathy is what turns so many intermediates towards social service—a sort of collective motherliness—and makes them so unintelligible to the politicians. Reforms and propagandists of the better sort belong to this class.* This altruism, however obscured by defenses, gruffness, cynicism, pugnacity, has its origin in a combination of the feminine sympathy with the masculine initiative. For example, the head of one much maligned organization is usually pictured as a Machiavellian person with hoofs and horns, whereas the opposite is true. He is all sympathy and understanding and at a loss for practical expedients. Such a characterization has long since been applied to St. Francis, Buddha, and other founders of religions. In such reformers we have an extraordinary development of a sympathy truly feminine and so impractical that our work-a-day world finds it unintelligible and has to transform it into something more efficient as for example, "a creed with teeth in it." In these cases there may be an almost complete absence of physical sexuality, at least as far as our none too reliable records go. On the other hand, the libido may be very strong and we sometimes find great spiritual sensitiveness combined with highly repugnant methods of detume-

* I am speaking of psychic activities, not physical. It would be absurd to suppose that all reformers practice abhorrent methods of detumescence; the biographers are not particularly specific in such matters.

scence. We are yet far from realizing that for every mountain top there must be a drainage basin, and that in some cases at least, great spiritual elevation may rest, and perhaps needs to rest, on a grossness more than common.

Depending somewhat on the other qualities, this restless mixed psyche gives us at best, our great humanitarians, and at worst, those whom we call the criminally perverse. As an intermediate grade we have those who, lacking in the capacity for leadership, yet furnish the necessary support for reform movements. Least valuable of all are those neurotics who, finding no foothold in the world, retire into themselves and spend their time feeling abused.

Carpenter points out that in primitive tribes the intermediate, since he is suited to the normal activities of neither the male nor female, is compelled to seek or invent other and more congenial occupation for himself. Herein lies the probable origin of those substitutions (sublimations), art, science, etc., which we recognize as creative rather than procreative, and the fact fairly well attested that these spiritual advances have been largely in the hands of men and women of pronouncedly intermediate temperament. Here again the potential of the initiative determines whether the individual leads the procession, merely applauds from the side lines, or becomes socially unimportant or obstructive. I have assumed that initiative is a masculine quality, and that pity—sympathy—is essentially feminine. Altruism is an obvious mixture of these two. It has also been assumed that the temperament is congenital. Of this fact there is no doubt in the minds of students although the fact was formerly much disputed and oddly enough by theologues who are said to have believed in total depravity. Perversity, however, may appear as a transient phase during adolescence, or develop *faute de mieux* in barracks, at sea, in boarding schools, or in any other place where normal sexual relations are impossible, though here only as a transient condition, not as a preferred relation except with those so born. These latter show it regardless of opportunities for normal relations. Which reminds one that we often speak of the dangers of perverting the adolescent. These are very real though less significant than we were led to suppose. But how are we to regard those cases where perversity develops in married men with grown families? Shall we conclude that they were born perverse and were 'perverted' to normal methods, only to relapse later? The psycho-analysts seem inclined to this view. It is all very interesting and very puzzling.

The work of the psychologists, chemists, and experimental zoologists is beginning to throw some light on these mysterious phenomena. As we have noticed, hermaphroditism has been recognized. Castration has, from antiquity, been understood and also that the earlier the operation the more pronounced its effects. It is well known that it results in slowing down the physical and mental processes of males in the direction of something intermediate between male and female. Similar results have been noted with the cessation of sexual potency in both sexes. The recent successes in transplanting organs from one animal to another have been very illuminating. Thus, ingrafting testes into females or ovaries into males are found to profoundly modify not only the psyche but also the physical structure of the subjects. A crowing hen is no longer a figure of speech. Thus it appears that quite aside from anatomical changes the psyche is seriously affected by the sex hormones.

Quite recently Riddle has published a valuable paper on the control of the sex ratio* in the case of pigeons which are well adapted to such investigations. The following is a brief statement of the observed facts. Pigeons lay two eggs to a clutch, the first egg of any clutch being smaller than the second and usually develops into a male. The second larger egg usually hatches out a female. Under forced breeding and following the clutches throughout the season this order was definitely established. Thus we may regard the smaller egg of the clutch as male and the larger as female. This being true the investigator undertook a study of the nature and differences of these eggs. The male egg contains more water and less stored food such as fat and phosphatids. The same proved true of the total energy content as determined calorimetrically. The first eggs of the season were also found to tend to develop into males, the mid-season eggs into one male and one female, while the late season eggs developed both females. There is a steady increase in the size of the eggs throughout the season though the first of any one clutch is smaller than the second, and the first of a late season clutch will be larger than the second of an early season clutch. In general we learn that the first egg of any clutch is more male and the second more female, this relation holding both for the early clutches all male, and the late clutches, all female. The greater hydration of the male egg implies a higher rate of metabolism, while the larger food storage and lesser hydration of the female egg implies a lower rate of metabolism. The

* J. Wash. Acad., VII., 319, 1917.

actual difference in energy content was about eighteen per cent. A similar difference exists in the blood of adults. Thus with chickens the average total fat in the blood is 15 per cent. for roosters; 28 per cent for laying hens. Similarly the phosphorus runs 6 per cent for males; 13 per cent. for laying hens. Non-laying hens occupy an intermediate position. In man, the blood fat of males averages 141 while for females it is 226. The metabolism of men has been found to be about six per cent. higher than that of women. A soldier deprived of testes was recently reported showing an abnormally low gaseous metabolism, which was raised by the administration of testicular extract. Similar differences have been shown for other animals. Thus, the blood fat of the male spider crab is lower than that of the female. But when the male has been castrated by a certain parasite the blood fat increases.

The relation of sex to metabolic processes is prettily shown by the work of Baltzer on the marine worm *Bonellia*. The larvæ of this worm can develop into either males or females. Those which become attached to the proboscis of the mother and develop in a medium where food and oxygen are plentiful become males. Those which sink to the bottom where conditions are less favorable to rapid development become females. By removing larvæ from the mother's proboscis after male characters had appeared, and placing the larvæ on the bottom almost any degree of hermaphroditism could be produced at will. Similarly the females could be altered by placing them on the proboscis.

From this extremely brief statement of some of the results thus far achieved we see that the rate of metabolism with some of the lower animals is the chief determiner of the actual anatomical sex which develops. We also observe that there are positive differences in the biochemistry of the two sexes which appear even in the egg and persist throughout life. Thus the anatomical sex can be not only profoundly modified as in gonad transplantation or the freemartin, but even actually reversed as in *Bonellia*. We may safely infer that whatever the sex determined at amphimixis, subsequent changes in the metabolic balance may alter it profoundly. Fortunately Riddle also studied the behavior of his pigeons. It is well known that pigeons display sexual perversity. He found it impossible to mate the early season birds, all males, because of their pugnacity. The late season birds, all females, were mated with interesting results. Such pairs coupled, the first bird of the clutch acting as male and the second as female, though both were of course females anatomically. Thus the first bird of

the clutch assumed the male position twenty-seven times compared with sixteen by the second. This order was preserved throughout. If, however, testicular extract was administered to the second bird and ovarian extract to the first, then the order was reversed and the originally more female (passive) assumed the male position twenty-seven times as against twenty by the formerly more active—shall I say pederast? Thus we find that while both birds were females they evinced a marked homosexuality which could be reversed by the administration of suitable glandular extracts. We again see that not only the anatomy but also the psyche is definitely affected by the metabolic level, by the various internal secretions and in particular by the sex hormones.

On this basis any degree of intermediacy becomes intelligible. Furthermore we begin to understand why the method of detumescence should have lost its sense of direction in some of these cases. If the metabolic level is wobbling back and forth between maleness and femaleness, the detumescence method must follow it with results which we have described as *psychopathia sexualis*. The ancient criticism that certain persons lack testicles is seen to have a true foundation even though the victims may be automatically complete. The scientific statement would be that their metabolic level is a bit too low, since it is not the presence of testicles but the activity of Sertoli's cells which determines the level.

Our few records of gonad transplantation in men and women agree with this hypothesis and it should be remembered that such grafting is much more effective than the mere administration of extracts from cattle. The surprising thing is that extracts from an unrelated species of animal should have any effect. We may feel assured that the near future will bring researches along these lines where not only the physiological but equally the psychic results will be studied. It may come as a shock to many to be told that the things which we call spiritual have such a material foundation, but we are growing accustomed to shocks.

Once we see that the metabolic level does determine even if only in part, both the physical and the psychic activity we are in a position to understand a number of otherwise unintelligible phenomena. For example: we all know families which are predominantly masculine though the children are of both sexes. Other families are predominantly female, the girls are the better boys as we say. Another peculiarity which I have verified in many cases though I do not recall having seen it mentioned by students of sex is that of the second sons and first daughters. If the first child

is a girl it is usually a masculinized one. This masculinization need go no further than the habit of mind. As we say, she is well able to take care of herself and sometimes is a tom-boy. If the first child is a boy and the second child is also a boy, this last will be distinctly intermediate in a large proportion of cases. So common has this observation been that my first question on meeting an intermediate is: are you a second son. The answer is, yes, with amazing regularity. Now, unless we are to assume maternal impressions and desires as affecting the psyche of the embryo, or to believe in a singularly one-sided and regular psycho-sexual-traumata explanation we have struck a deep mystery. Maternal impressions can doubtless be ruled out and suggestions or psychic traumata in infancy will hardly account for the conditions both psychic and physical which these boys present. For the most part they pass for normal, physically they are male, but the psyche shows distinct feminine qualities and the body often presents female structure, particularly the hips and legs. There must be many exceptions, but the rule holds in a surprising number of instances. Is it not usually the first son who is the business man of the family while the second goes in for romance, literature, music, etc.? I refer to amateurish appreciation and not to special talent which falls outside our present study. Is not the second son usually "softer," the one who is mamma's boy and helps with the dishes? Of course, if the whole family is distinctly male or female in tendency no such rule could be expected. In fact I suspect it applies chiefly to children whose parents themselves are not far removed from intermediacy—refined and gentle people, not very successful in life. If the metabolic level determines the psyche we can, at least, account for the facts even though we do not yet know why the second son should be geared lower. The exhaustion of the mother by nursing the first child suggests itself, of course.

Thus our hypothesis will explain: transient intermediacy both physical and psychic; the eruption or over-accentuation of normal perverse nuances present in all of us; Freud's polymorphous-perverse which becomes a natural phase of development; congenital and therefore permanent intermediacy; as well as how the libido loses its sense of direction and goes wandering. The relation between sloth, or dissipation, and sexual perversity now becomes clear. We begin to see why slums or other unhealthy conditions of living breed vice and crime. If not only the metabolism is lowered but the whole body suffers from malnutrition and then we add the environmental influences the wonder is that any of these slum dwellers develop into good citizens.

It seems not too much to hope that further experiments with such an hypothesis in mind will greatly clarify our notions of one of the greatest of our social mysteries and put us in a position to salvage many who are now socially worthless. The field has remained untouched for lack of any guiding hypothesis which could be subjected to reasonably accurate test with measurable criteria. No one would wish to predict what the result of these investigations may be. At present it is sufficient to call attention to an hypothesis which will account for these scattered and often paradoxical facts. We may confidently hope that in the future the literature of intermediacy and perversity will be less purely descriptive, less frequently a mere morbid mental debauch tinged with self-righteousness.

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SEXUAL ABSTINENCE AND ITS INFLUENCE ON HEALTH.

BY PROFESSOR EULENBURG, (Berlin).

WHEN we speak of the "irresistibility" of certain natural impulses, we mean within reasonable limits, and not that everybody is forced to follow blindly every impulse. We mean that certain limits must be recognized within which these impulses can be controlled. Therefore the question is where to draw the line generally, as well as individually; and to what extent, by suitable and practical educational and hygienic measures, the limits may be restricted or stretched, or, in certain cases, whether they cannot be entirely abolished.

If we apply this to the most powerful—at least for a certain period—of all natural impulses, namely, the sex, or better, love impulse, the definition of "sexual abstinence" includes not only the control, but also the voluntary or involuntary renunciation of the satisfaction of this natural impulse within more or less restricted limits.

The manifold problems involved can be approached from different points of view: from the religious-ethical, the political, the cultural, the politico-economical, the social-psychological, the social-ethical, the hygienic-clinical,—to select only a few of those which are most frequently mentioned in this connection.

It is hardly necessary to say that from each of these points one may reach radically different conceptions and valuations of sexual abstinence, in general as well as in its effects upon a

particular individual. It can not, of course, be our task to enter into an extended and profound discussion of these much disputed social and cultural problems, and which are, in many respects, still quite immature and sailing under sexual-reform, sexual-ethical or other fashionable flags. Our starting point and the limits within which our discussion must principally proceed, is laid down by the purposes and aims of our society, and the experiences secured during an existence of eight years.

Our starting point, of course, can only be the hygienic. On the basis of the material furnished by the teachings of hygienic science and clinical experience, we shall enter into a closer examination of the question whether and under what particular conditions and circumstances, sexual abstinence in the real sense of the term, is practicable at all, whether it is actually practiced, and whether and to what extent it can be endured without apparent annoyance and injury to health; and, on the other hand, how far it must be regarded as the source and cause of somatic and psychic disturbances. In answering these important questions, medical experience must be our guiding star. Consequently, in answering these questions, we shall proceed, not by generalizing, but by a specializing and individualizing method, that is to say, we shall take into consideration the various respective individual moments, chiefly the influences of sex, age, the congenital or early acquired disposition, temperament and character, education and environment, circumstances and habits of life which tend to stimulate or to retard the impulses.

Beginning with the relations and questions connected with age and sex, I wish to call your attention to a fact which I have always regarded as a conspicuous and regrettable deficiency. Medical literature—at least until now—in treating this subject has taken into consideration almost always and with an unmistakable one-sidedness the male sex, and here again, the young generation accentuated this side of the question as being of “burning” interest. This can be understood easily and—if necessary—enough excuses can be produced. Yet, right now at the beginning of this discussion, I shall emphasize this fact: the female sex has at least an equal, or even greater interest in the discussion of the questions which occupy us at present. These questions of sexual abstinence and their influence on health are of incisive importance in the lives of a great many females of all ages up to the “dangerous age,” or, until the climacterium is completed. Here experience compels us to take into consideration not the denial of sexual

satisfaction as such—as in the case of man—but the entire intricate physiological aim desired by nature, the unstilled urgings for motherhood and a home as the very frequent source of the most aggravated psychic and (not seldom) somatic sufferings and as a cause of progressive stunting and decay of the whole individual personality.

First we want to occupy ourselves with the adolescent man, who in this regard has become the object of great sympathy and, one might say, the object of an excessively tender care, reflected frequently and unedifyingly in mawkish lamentations of imaginary sexual misery during and beyond the period of puberty, as well as in the fact of being used as an exceedingly popular theme for school-boy romances, novels and tragedies. In our discussion we must distinguish between puberty in a restricted sense and the following period extending to the middle of the third decade of life, that is to say, a period which coincides, for many at least, with the time when the preparatory studies are completed. For the puberal years proper, the period of "Spring's Awakening," according to my perhaps disputable conviction, the question is to be absolutely denied and discussion of it flatly refused as useless and superfluous.

Every highly developed civilization involves not only a going beyond nature, but a certain opposition to nature. In our country, real sex maturity normally takes place at a later age than in ancient times. Our task, which is complicated by the cultural conditions of our time, can certainly not consist in ascertaining the accomplished "maturity" or perhaps even in aiding to promote and accelerate the latter; but, on the contrary, our activities must be of a retarding nature; it is our duty to fight against a precocity which is questionable, hygienically as well as ethically.

Passing the years of puberty, if we ascend a few rungs of the ladder of life until we reach the years following—say, between 16 and 24—it must first be ascertained *whether and to what extent sexual abstinence is actually practiced by young men of that age*. Such an investigation would probably lead to quite unequal results,—the divergent conditions of city and country, the metropolitan and smaller cities, the different strata of society and professional classes and numerous and various other very important factors would have to be taken into consideration. Unfortunately, we are not yet able to ascertain these facts to any great extent and must be satisfied with partial problems and content ourselves with information which is correct to only a certain degree. E. Meirow-

sky, a former assistant of Neisser, collected statistical and casuistical facts from the Student's Sick Benefit Fund of Breslau. Those statistics cover the prevalence, commencement and duration of masturbation; the age at which the first coitus took place and also the age at which the first venereal disease was acquired.

I want to give only a few figures. Of the 170 students who came to the Policlinik, it is alleged that 49 or 28% had not practiced masturbation, while the balance confessed themselves guilty, in greatly varying degrees. The commencement fluctuated, among 84 cases, from the 5th to the 18th year. Injuries had occurred to 28 or 23% among 121 cases; they consisted chiefly in nervousness, depression, failing of memory, general physical and mental debility—in single cases also local inflammations of the urethra.—As to the first sexual intercourse, 48 or 45% of 106 students had as school boys indulged in intercourse; 27 or 25% as high school graduates and 31 or 29% as university students. Some had sexual intercourse at the age of 13, 14 and 15 years, while the majority commenced in a continually increased progression from the 16th to the 20th year. Only a single one had not yet had intercourse at 24; at 25—not one of them had not had it. Among 127 students who indulged in sexual intercourse, 93 or 73% were infected. (94.6% with gonorrhea; 8.6% with lues alone or combined with gonorrhea; 6% with ulcer molle with or without gonorrhea) while only 34 or 27% were not infected.—The figures which were used by Meirowsky for comparison with those of other clinics of Breslau, as to the frequency and the early commencement of sexual intercourse, agreed approximately with those of the skin clinic; 33.9% of the total number had sexual intercourse when school boys. Generally it could be assumed, that on the average, masturbation was entirely or partially replaced by sexual intercourse at about the 15th year. The source of half of the cases was not due to a spontaneous desire; the majority of the cases was caused by seduction and the simultaneous influence of alcohol. At least 20% of the boys of the higher school classes had sexual intercourse already; the reports of the authorities on this point fluctuate considerably: between 6 and 75%! Also very frequently infection takes place at quite an early age; they say that there is hardly any high school where it does not occur. Meirowsky refers to Hecht's investigations on Austrian students; of them not less than 7.9% were infected with venereal diseases while still school-boys!

My own experiences, gathered from a great number of students and which I have not yet had the time to arrange statistically, agree as to masturbation and the first sexual intercourse, with those of Meiwosky. This fact might be of importance in so far as the findings of Meiwosky were chiefly derived from students who had skin diseases, and my experiences were derived from those who suffered from nervous disorders (or thought they did). Year after year I have had under my observation and treatment over 100 male members of the Academic Sick Benefit Fund; most of them can be designated as "neurasthenic" or "psychasthenic" of very different gradation; among them are principally many sex neurasthenics. I am in the habit of asking patients the anamnestic questions as to the beginning, the duration and the extent of sexual intercourse and also as to the preceding and perhaps still continued onanistic practices. It is shown that quite a considerable percentage of them had their first sexual intercourse while still in high school; however, many not before they had left high school.

I am inclined to put at 30-40% the percentage of cases where the first coitus took place *after* graduation from high school—either immediately after passing the examination or during the first stage of academic life. This circumstance might be, perhaps, important in regard to the much disputed question as to the advisability of medical lectures for the special purpose of enlightening and teaching high school graduates. Unfortunately it shows us that, as a rule, these lectures are given too late and that their effects—upon the whole—must not be overestimated. Alcohol, seduction, above all, youthful braggadocio and the desire to be a "sport," are immensely more powerful! According to the reports made to me, I would estimate that hardly 5% during the ages of 18 to 30 persevered in sexual abstinence,—the causes being lack of desire and opportunity, or (chiefly in the case of students of theology) from religious and moral scruples, or on account of repugnance to prostitution and fear of the hardly avoidable danger of venereal infection.

As to the prevalence of venereal diseases acquired at an early age, I want to call attention to Dayet's (Brussels) statistics, which cover the cases of 1156 syphilitic men and 725 syphilitic women; 0.4% of the men were infected before their 9th year, 0.6% between 10 and 19; among the women, 1.7% before the 9th year, 15.8% between 10 and 19. However, most men and women are infected during the third decade of their life; the percentage for

both is about equal: 52.5% men; 55.3% women. Nevertheless, we observe that quite a considerable percentage acquires syphilis before the 20th year.

From this fact, of course, I do not want to draw general conclusions, no more than I would from that "winged" word of the *Figaro*, the favorite paper of the Parisians: "At 20 every Frenchman has had his nuptials"—this may be quite true in regard to Parisian conditions as it does not differ so very much from our own metropolitan experiences, at least not from those which we made with students. It is doubtful whether the conditions prevailing among other classes and professions are essentially different—what we learn occasionally of the antecedents of young clerks, artists, artisans and workingmen (in the city) does not enable us to draw any more favorable conclusions.

All this justifies the conclusion that, upon the whole, men at the age which concerns us here, i.e., up to the 24th year, do not practice sexual abstinence and that if practiced at this age must be reckoned among the rare exceptions. Therefore, as physicians we are not at all in haste to rack our heads about preventive and helpful advice which we might give eventually to young men of this age who mostly without us and without any difficulty find the road to mons Veneris; we do not trouble ourselves about the medical oracles which we should utter and the themes of which we should talk to them as, e.g., of prostitution and its dangers, of auto-eroticism and its lesser harmfulness as compared with the perils of venereal diseases.

Of course, in individual cases, we shall not shirk such obligations. In cases of young men who are of a neurotic disposition or have already contracted a disease and who were masturbators before and, perhaps, are still addicted to it in spite of all denials, it is our duty to exercise a moderating influence upon the patient and to reduce those grossly exaggerated and often misrepresented "juvenile errors" to their proper place. Apart from that, we must content ourselves, to insist earnestly that young men of this age practice sexual abstinence as serving their own and best interests; generally it can be practiced without injurious consequences, even if habits and enjoyments must be sacrificed. In the sense of a clarified ontobiological evolutionism, we can elucidate that, according to nature, the years of apprenticeship and development of life are not necessarily its years of usefulness and fulfillment—that Spring is enviable and beautiful, but that in Spring one does not pluck the fruits and that this cannot be done before

summer has ripened them and that only ripe fruits offer sweetness and full enjoyment. Meanwhile, the great and responsible task is before them of educating their *personality* for life—a task which demands their individual forces and therefore they must not fritter them away by foolish philanderings. Neither shall we leave them in the dark as to the frequently alleged injuries to health as consequences of sexual abstinence. The latter are not to be feared in this generality and at this age, although—I am sorry to say—sometimes these apprehensions are shared even by physicians.

The practicability of sexual abstinence at a more advanced age, and without more or less injury to physical and mental health, has in the past and in recent times found equally convinced opponents and enthusiastic defenders.

I can here, of course, indicate only the principal points of view of both sides.

First let us occupy ourselves with those who are opponents. In the main, they emphasize the fact, that in their opinion, the decrease and impoverishment of life energy and the disturbance or disruption of the mental equilibrium are unavoidable consequences of the non satisfaction and suppression of an impulse which, next to the nutritive impulse, may be regarded as the most powerful cosmocratic impulse in the animal life of man. According to this conception, the failure to satisfy sensuality takes its vengeance by making the individual existence more cheerless and joyless, and must necessarily lead to an inner impoverishment and crippling of the individual; and this chiefly of their altruistic feelings and their practical manifestations, that is to say, an ethical devaluation and a generally lowered social efficiency.

Moreover, immediate morbid affections of various kinds cannot be repressed for any length of time and the existence of the individual is often seriously endangered and undermined. From this standpoint, it seems absurd and reprehensible to demand of a grown-up, mature and normal man (or woman) the practice of sexual abstinence at all or at least unconditionally, outside of the legitimate and privileged conjugal sexual intercourse, i.e., man must observe chastity before and until marriage (as is expected of woman generally). Swawa, the heroine in Björnson's "Glove" makes the same demand, and the pseudo-anonymous Vera represents it as the postulate of a compensating justice.

Now and again, the followers of a puritanical sex ascetism

place it before our eyes as the categorical imperative of morality. According to the opposite opinion, such sex antagonism, which is antagonistic to nature, would necessarily degenerate into transgressions and disruptions, into unnatural auto-erotic or other perverse forms for the satisfaction of the sexual instinct, and, finally, into the most aggravated forms of somatic and psychic disturbances and self-destruction.

On the other hand, those who plead for the relative or absolute practicability of sexual abstinence, assure us that things are not quite so bad and dangerous; they promise us all the success we could desire from suitably regulated sexual hygiene, dietetics and pedagogics, and insist that numerous single precepts be drawn up for that purpose; in this regard, I refer to the writings of the following authors who, however, address themselves chiefly to young men: A. Herzen, Seved Ribbing, Hans Wegener, Eduard Frandsen, H. Mann, Buschan, and others.

Among them prevails the fundamentally well justified intention to prepare and strengthen the individual against erotic enticements and impulses which grow only too luxuriantly in the life of the modern metropolitan city, while others want the prevention of those enticements by all the possible restrictive and suppressive measures. They recommend rigorous repressive measures of different kinds which are sometimes quite far-reaching and drastic, as, legal prohibition of public and clandestine prostitution, the punishment of those who visit public houses, a stricter censorship of immoral books, pictures, cinema dramas, and many other things which, under the present conditions, must be designated as rather hopeless and utopian, and which never succeeded, not even in the past, which was much more favorable to such coercive measures. Angelo's fall, in Shakespeare's "Measure for Measure," is an impressive classic example which vividly illustrates the fact that such anti-natural tendencies necessarily result in failure. If sexual abstinence must be maintained by such measures, it is not possible to maintain it; and it is not worthy of being maintained.—Yet, there are also authorities whose voices are softer and more insinuating to our ears; they assure us we could succeed very well without such external coercion, by a purely spontaneous abstinence; to prove this, they summon numerous instances from near and far; however, as most of them cannot stand a closer examination, their evidence seems to be inconclusive. As a rule, we must accept them on trust and in good faith.

A well regulated, strictly hygienic conduct of life, abstinence

from alcohol, physical training by gymnastics and sport, and, as a preventive and protection against enticements of the sensual life, the cultivation of higher intellectual interests—all these are beneficial and auxiliary factors of the first magnitude.

In view of these widely divergent conceptions and tendencies, the middle road of prudent balancing and individualizing might be the proper thing. As a matter of course, it must be assumed, and is sufficiently demonstrated by clinical experience—in regard to both sexes—that sexual abstinence, continued for a while or even for life time, is practicable—for some comparatively easy, for others, if possible at all, certainly extraordinarily difficult and possible only by hard struggle and acts of self-denial, and often not without decisive injury to the whole personality. It is comparatively easy for those whose sensual disposition is not strong, for the physically sick and weak, for those whose sexual and psychosexual development stopped at a certain infantile stage. On the other hand, it is also easy for some natures who are gifted with a higher intellectuality and who, with a certain one-sidedness, are striving for higher and purely spiritual aims—not only for the prophetic and apostolic natures among whom there were always enthusiastic preachers of sexual abstinence, but also for the small number of the intellectual Elite, for the supermen, the great thinkers and investigators.

Perhaps, it is not mere accident that we find so many celibates among the most inspired intellectual leaders and workers in the field of thought and investigation, who in sublime solitude tower above the mass of humanity; of modern names I may remind you only of Descartes, Spinoza, Leibniz, Newton, Hume, Kant, Adam Smith, Schopenhauer, Bunsen, Al. von Humboldt. The exercise of sexual abstinence seems to be an exceedingly difficult task for persons with an ardent sensual disposition, who at the same time are healthy and vigorous: for those with artistic endowments, with creative and unbroken life impulses and vital feelings; for those who enter into the struggle for existence with an energetic affirmation of the will to live, for dynamic men and men of imagination, for sensual men and the hedonists. As full types (holotypes) those as well as the others have certainly their *raison d'être*; both are equally useful and indispensable to humanity. It is easy to demand the practice of abstinence from those of the second category—but they could do it only at the price of their own ego, of their best, lovable and utilitarian qualities, the most precious and fruitful elements of their individuality.

To demand sexual abstinence from men who are possessed of a superior strength or born conquerors would be utterly absurd and also unavailing. And in regard to the efficiency and practicability of sexual abstinence among sportsmen opinions still differ very much.

An inquiry which recently, at the instigation of Max Marcuse together with Kaprolat, was circulated among the committees of Sporting Clubs, shows that the practice of sexual abstinence, which during "Training" was often demanded from the members, did not always produce favorable results as to their efficiency; on the contrary, according to the opinion of some of them, it was directly harmful.

Now, I want to proceed and survey the *injuries which eventually are caused by sexual abstinence to the health of both sexes*. First, of *Man*. Among the morbid accessory consequences of a too long continued sexual abstinence, the following are, as a rule, chiefly distinguished:

Certain sexual perversions, chiefly in the form of auto-eroticism and homosexuality—but principally the promoted development of sexual neurasthenia and other psycho-neuroses.

Some doubt or directly deny that *impotence* could have its only source in a too-long continued sexual abstinence without other at least accessory causes. Certainly, it does not happen often, but cannot absolutely be excluded—if I may venture to judge from my clinical experiences. Above all, it must be clearly understood what we mean by "impotence" in respective cases, for this expression is often used very arbitrarily and not within the sharply marked limits of its proper meaning. Also, it is self-understood, that we mean only so-called "*temporary*" or "*relative*" forms of impotence, which, however, in spite of this designation, may have a great power of resistance. Keyes may be right when he declares that "abstinence of whatever duration has never caused atrophy of the testicles," but it does not affect the question under consideration, which is not all concerned about forms of impotence associated with atrophy of the testicles but about something quite different. I want to emphasize the fact that I have known cases of pronounced and calamitous marital impotence among men who had, so to say, mortified their libido by a vigorous ascetic life, for religious or moral scruples up to the thirties. If at an advanced age, such men for some reason choose to get married or let themselves be "seduced," the conjugal "fiasco" frequently becomes an accomplished fact. As such cases have their source

apparently in sexual inexperience and awkwardness oftener than in real impotence, one is inclined to treat them with a certain levity or to regard them even in a comical or at least tragi-comical light; and I confess that I myself could not help thinking occasionally of that old scoffer Martial who addressed an ill-prepared matrimonial aspirant thus:

"Hec quantos æstus, quantus patiere labores

Si fuerit cunnus res peregrina tibi"—

—and adds the following advice, which is not so bad and needs no further elucidation:

"Ergo Suburanæ tironem trade magistrae.

Illa virum facit—non bene virgo docet."

Unfortunately, it is quite a serious matter which may end in scandal and divorce, if medical advice (or, more frequently non-medical) did not produce the desired results. Not long ago, Havelock Ellis, an experienced thinker in the field of sexual pathology, performed a noteworthy and needful task by accentuating the great importance of a timely acquisition of certain technical stratagems in the art of love which could make up for the lack of an original capacity.

Moreover, it is maintained that sexual abstinence involves the danger of pushing man towards homosexual aberrations or other sexual perversions (i.e., fetishistic forms). As to that, in the majority of cases, there may be a confusion as to cause and effect.

There are men, and not a few of them, who remain sexually abstinent—in the ordinary meaning of the word—while they feel not the least incitement to normal heterosexual intercourse, the cause of which is to be found in their innate or early acquired impulsive tendencies, the satisfaction of which, however, seems to them to be too dangerous, therefore they think they must go without it.

Further, there are others to whom revelries in auto-erotic imaginations or fetishistic impulses afford a perfectly sufficient and, in their opinion, a much higher satisfaction than they believe they could expect from normal sexual intercourse.

After all, the fear of being driven towards abnormal, chiefly homosexual desires, is not without a certain justification. Although homosexuality, at least in the majority of cases, has its source in an innate disposition, it begins to express itself at the period of puberty or soon after; and there is, moreover, not a small number of individuals of a "bisexual" disposition in whom for a longer time the decision remains open towards both sides. There-

fore, on account of a continued abstinence from heterosexual intercourse by such persons, the balance-scale at the opposite side is liable to be pressed down easily and this just at that period which Max Dessoir designates as the age of the "undifferentiated sex impulse."

One must represent this to oneself as follows: In persons of such a disposition the susceptibility to be acted upon by specific stimuli proceeding from the other sex is decreased more and more, while, inversely, the susceptibility to the stimuli of their own sex is gradually increased; the final result is the prevalence of the homosexual components of the originally bisexually disposed impulse. According to my observations, this happens more frequently among women than men. Yet, I observed pronounced cases of young men in whom, under circumstances described above, the prevalence of the homosexual impulse took place, or also other performed (chiefly fetishistic) inclinations developed more luxuriantly on this foundation; however, a later correction and breaking the way for a normal sexual intercourse must not necessarily be excluded, at least not in lighter aberrations which are not yet too deeply rooted.

The questionnaire of Marcuse and Kaprolat, addressed to the committees of sporting clubs, contains the printed confession of a member of a great rowing Club. This confession furnishes an interesting case in point. That man was of entirely normal disposition, but as the result of sexual abstinence continued for some time, because of training requirements, he felt "a slight deflection of the sexual sensibility towards the contra-sexual side"—it was not too strong to overcome, but, nevertheless, so distinct that a normal satisfaction seemed advisable.

Among the most serious and important consequences of continued abstinence is the development of psycho-neurotic conditions in the different forms of neurasthenia, hypochondria, hysteria, and chiefly anxiety- and compulsion neurosis. According to the observations of Erb, Rutgers, Marcuse, Flesch, Nuström and others, such consequences are not at all of rare occurrence. I also possess quite a number of observations of this kind. I want to describe three somewhat typical cases, of very recent date, though differing very much from one another.

The first case is that of an attorney, 32 years old. Because of pronounced sadistic (flagellantistic) propensities with which he was afflicted since early youth, he could not make up his mind to marry or to enter a vicarious union. Disgust and fear of infection

kept him away from intercourse with prostitutes. Consequently, there developed exceedingly strong pollutions as well as a very aggravated form of anxiety neurosis, with pronounced nocturnal fits.

The second case is that of a professor, 35 years old. At the age of 15, he had sexual intercourse; at 19 he had the misfortune to become infected with lues. Since then, in spite of his complete and proven recovery from syphilis, a recovery of which he could not be convinced, he has entirely renounced sexual intercourse, but masturbates the more passionately. Here an anxiety neurosis of quite a typical form came to its full development, besides serious depression and exhaustion symptoms and a paralysis-phobia for which there was no foundation whatever.

The third and, in a measure, most characteristic case is that of a catholic priest, 45 years old. According to his statements, he had never had any sexual intercourse. In his youth he masturbated for a short time. Since his 26th year he suffered from abnormally frequent nocturnal pollutions, which recurred at least every 8th day. He developed, though no exciting cause of any kind was demonstrable, exceedingly serious symptoms of nervous-psychic depression and exhaustion which led to a complete paralysis of energy and will-power and an almost complete inability to work, which become worse in the course of time. Repeated treatments in sanatoriums could not arrest the progress of these symptoms. Of course, to these and similar cases, one may raise objections and ask whether they prove anything; but they recur in such frequency and in such typical forms that they are bound to make a convincing impression upon the observer.

Analogous experiences with *women* seem to me of even less doubtful character. According to my conviction, sexual abstinence in a grown-up and fully developed woman, and for whatever reason maintained, is, in general, from an hygienic-clinical standpoint, something absolutely absurd and objectionable, and incalculable in its consequences. It can hardly be doubted that the love impulse of women is, upon the whole, at least as strong and demands an adequate satisfaction at least as intensively as that of man. All attempts at whitewashing and prudish hushing-up cannot prevail against the evidence furnished by that fact. Nevertheless, by artificial cultural and social barriers, which in most cases are really unsurmountable, this natural satisfaction is throughout life denied and prohibited to a considerable number of women.

Morals and duty (whatever that means), demand that the

natural satisfaction of the love impulse be absolutely prohibited to the unmarried woman of the better classes. She is socially ostracised and exposed to all the penalties ordained by a cultural barbarism (like the Indian widow who avoids the Suttee), as soon as she transgresses that interdiction. The results of the last census (1910) show that in Germany the female population preponderates by nearly a million over the male population (it is similar in other civilized countries).

Accordingly, the result is that a great number of women are not only deprived of an agreeable enjoyment (as is often the case with the sexual abstinence of man) but, much more, woman must regard herself as being cheated out of her most vital interests and the exercise of her natural functions—of a mother's hopes and joys, of the full happiness of life! The desire for a genuinely and full womanly life has not only its justification in nature, but the lack of it and its non-affirmation must be regarded as a deficiency of woman's natural disposition. Therefore, its non-satisfaction, its lasting non-fulfillment must necessarily lead to mental agonies and life-destroying internal and external conflicts. Here, of course, the demands of *conventional* morality hitherto prevailing and those of *reformed* and enlightened ethical principles founded on the science of sex hygiene are at marked and irreconcilable variance. This discord is the source of somatic and psychic sufferings of various forms and gradations: In this, chiefly, the roots of serious psychopathies, of hysteria and hysterical anxiety neuroses and deep depressive-melancholic conditions, down to the fully developed psychosis which Gabriele Reuter, one of the most expert revealers of soul-life, has represented to us with such clarity and pathos in one of her "Fate Romances" of the "Higher Daughter," i.e., the girl of "good family."

Where it does not lead to such far-reaching disturbances and to a complete break-down, the results are usually impressed distinctly enough upon the personality. Only too often they manifest themselves in a stunting, a slow withering and decaying of the noblest, most beautiful and genuinely feminine buds and sprouts, and, on the other side, in the luxuriant growth of many an unwelcome offshoot.

It must be remembered that not infrequently sexual non-satisfaction is associated with other psychic sufferings. The joyless girl without occupation or profession, whether she lives at home or outside, merely vegetates and grows old; and, if living under the parental roof, she is probably not spared the depressing feeling

of a continual material dependence, for parents treat their grown-up daughters as infants. Of this Laura Frost, in her book on "Association with Adult Children," has given a striking description.—Under such circumstances, those well-known and unlovely peculiarities of character and behavior are developed which we like to comprehend in the idea of "Oldmaidishness," which is supposed to characterize a petty, narrow-minded, selfish individual, constantly discontented with herself and the world. In these manifestations we can see the sequela of the *suppressed maternal instinct*.

In not a few cases, where fully developed forms of neuro-psychic diseases are not produced, the following unpleasant phenomena are quite noticeable: lack of energy as well as lack of promptitude of decision and ability to act, and a certain inferiority within the sphere of sentiment and will. In other cases, tendencies to religious-ecstatic fanaticism and mysticism, or sudden fluctuations and an exceedingly volatile equilibrium of moods, perhaps abnormally exaggerated towards one or the other side. One may trace this, as Rutgers has recently attempted, to a lack of detrinescence (in case of an accumulated sexual tension that relaxation is induced, in a natural way, by sexual intercourse); or one may explain it in the sense of suspended organic functions, similar to the morbid symptoms of the climacterium. This much is certain, that among women there is hardly a case of continued sexual abstinence which is not followed by more or less pronounced symptoms (either of a somatic or psychic nature) which often extend to the pathologic sphere.

In this conception, I agree fully with prominent authorities of neurology and gynecology, as Erb and Runge, and with the opinions of Krafft-Ebing, Forel, Nyström, and many others. The previously quoted Hague gynecologist, Rutgers, compresses his opinion in the statement that sexual abstinence, if pushed too far and maintained too long, predisposes to hysteria, neurasthenia, conditions of depression, psychic melancholia and even (as Krafft-Ebing asserts), fully developed psychoses.

Rutgers tells of the three daughters of a "respectable" family; one daughter became hysterical, the second was caught in a *tête-à-tête* with the bookkeeper, the third became afflicted with a mental disorder and, under the parental roof, approached her own father with erotic offers. This case offers a striking illustration of the wholly different ways by which three females related by blood, out of their individual nature, reacted against the sexual abstinence forced upon them.

Rutgers recites a similar case in another family. One of the sisters became afflicted with a serious psychic disease and erotic mania, and was placed in an institution; the second had a scandal with one of her parents' hired men; the third, married but widowed early, ended a suicide.

Still more convincing and conclusive as evidence are cases of the reverse kind, in which the cessation of enforced abstinence resulted in a speedy recovery. Of such cases Rutgers presents two. A young girl in a rich Catholic family had become melancholy with erotic mania—she believed she was impregnated by a chaplain who had kissed her. The physicians intended to send her to an insane asylum, but the parents preferred to marry her off—since then she has always been thoroughly sound. In a second case, similar to the first one, and an apparently desperate one, the recovery was effected by the formation of an extra-marital relation.

I know of several of such cases where serious neurotic symptoms of hysteria and of anxiety neurosis disappeared almost completely either after marriage was contracted or after the formation of free love relations—nowadays the latter also occur among the conventionally educated daughters of “good” families; this, of course, is concealed from the parents, but confidentially revealed to the physician.

However, the fact must not be overlooked that among women as well as among men who are condemned to sexual abstinence, the dangers of an *autoerotic*, onanistic satisfaction of the impulses on one side, and homosexual practices of the different varieties of Tribady and Lesbian love on the other, are not excluded by any means; I am inclined to think that the latter way is easier and more frequently made use of by women than by men. This, perhaps, may be explained by various facilitating circumstances, as the living together and intimate association of unmarried women in convents, boarding-schools, women's homes, clubs, penitentiaries and charitable institutions, and the jointly conducted housekeeping of unmarried or widowed women. Therefore, the proposed new bill by which the immunity of female homo-sexuality, hitherto winked at by the penal code, shall be abrogated, seems the more burdensome and dangerous. It is to be hoped that this bill will never be passed.

The fear that sexual abstinence produces the disturbances described above, is certainly well founded, but it ought to be out of date to regard *serious organic diseases of women* as direct results of sexual abstinence and to trace to this source endometritides,

tumors of the ovary, myomas or even carcinomas of the generative organs. Ruth Bré, the well-known founder of the Society for the Protection of Motherhood, fervently supported this opinion, which, however, was discarded by medical science long ago.

According to the accounts rendered above, the hygienic debit of sexual abstinence of both sexes—(but chiefly of the female) seems quite considerable. Is it possible to enter on the other side any credit whatever, or perhaps, even equal the debit? If the state imposes the obligation of celibacy on female teachers and female officials employed by it, and the Roman church imposes the same obligation on her priests, the intention seems obvious that they want to raise those deprived of a portion of their human rights to a higher plane of humanity, to concentrate in a useful way their faculties for the service of universal aims and interests, and to enhance their performances in this one direction. They intend, it seems, to fatten the intellect as one fattens the liver of a goose. They try to work towards a gradual spiritualization. Do they succeed? Can they succeed? And if, in individual cases, they should succeed, would the gain thus obtained not be too dearly paid for? Not long ago, the female teachers of Vienna instituted an action for the repeal of the celibacy law hitherto in force; they very justly called attention to the harmful influence of celibacy upon the mental life of female teachers and its injurious effects upon their efficiency as educators. In a recently published pamphlet on "Grace and Celibacy," a man as orthodox and moderate in his views as Karl Jentsch, a member of the Catholic priesthood for many years, confesses: "It is a historical fact that the celibacy of the catholic clergy does not mean chastity;" he declares that the doctrine which brands as a deadly sin every extra-marital sexual intercourse produces an intolerable condition. He tells of struggles and temptations endured by priests for many years only to end in an ignominious defeat. He says the chastity of catholic priests—on the average—is a painfully maintained pretense. He believes that in his whole life he knew personally only two men who embodied within themselves the priestly ideal of the "Saint," and he mentions several old catholic professors of whose "perfect chastity" he thinks he could be sure. But such men were exceptions and such a saintly ideal ought not to be demanded nor desecrated by coercion!

Ascetic renunciation of sexual enjoyment—matrimonial as well as extra-matrimonial—may certainly be regarded—for the

sake of a loftier aim—as justified, desirable and, in exceptional cases, as an outcome of the individual will and of personal autonomy. It requires, of course, a bent of mind and will which remains strange and incomprehensible to the multitude, and a certain heroic trait of character to offer voluntarily and gladly such a sacrifice. Apart from such natures, and reduced to ordinary average mankind, the praise and demand of sexual abstinence is nothing but a cranky idea, or a dangerous, unsound and unnatural abnormality.

The apostles of sexual ascetism and nihilism definitely deny the fact that the sexual life is an end in itself, and the innate desire and aim of man, who by an irresistible force of nature, is urged towards the satisfaction of his longings for happiness. They should be reminded of the word of an Artist of Life, Wilhelm von Humboldt: “As men need suffering to become strong, they need joy to become good.”

It would be interesting and instructive to study the history of sexual abstinence throughout the centuries, and to follow discriminatingly the tendencies pro and con which were operative, the change of public sentiment at different times and different localities, and under the influence of different religious and philosophical conceptions. It would show that at almost no time was there a scarcity of enthusiastic prophets and preachers of sexual asceticism—from Pythagoras to Tolstoy, and that the commendation of sexual as well as every other ascetism was carried to extremes. Of course, those were times mostly of decline, of cultural over-maturity and satiety which proved favorable to such tendencies; this is principally noticeable during the decline of ancient Greece and Rome and the rise of Christianity. Through the co-operation of different causes during the first christian centuries the soil was exceedingly favorable for a luxuriant growth of sexual ascetism.

Apart from the numberless Christian authorities, we learn from Galenus, whose testimony is certainly valid enough for us, that among the Christians of both sexes there were some who voluntarily and throughout their whole lives practiced sexual abstinence. The self-emasculation of Origenes and the confessions of St. Augustine furnish evidence of the temptations to which these enthusiastic ascetics were exposed. But the same ascetic undertone vibrated through the pagan philosophy of that time, as expressed in the words of Julian, the Apostolate: “Hunger redeemeth

from love and if thou canst not endure hunger, go and hang thyself."—Moreover, we see how the Church, having obtained dominion, indulgently tolerated marriage as nothing more than a concession to human weakness; how she extolled and recommended virginity outside and even within the conjugal union; and finally, how in accord with the popular conscience of that time and also under the influence of the rigorous and monastic discipline of Cluny, the Church forced celibacy on all her servants. This was swept away rapidly and thoroughly by the reaction of the Reformation. The latter, again, was benefitted by the fact that the dying monastic-ascetic ideal of the later period of the middle ages was in the meanwhile succeeded by the opposite ideal of the joyous and sensuous Renaissance as a contrasting reaction.

In connection with this, allow me to close with an appropriate reminiscence. Sixty-six years ago, Young Richard Wagner created the first of a series of musical dramas in which his lofty artistic ideal was fully realized. We see in his "*Sängerkrieg auf der Wartburg*" both the Life- and Love-Ideals struggling with one another, the ecstatic and ascetic-mystic of the departing Middle Ages and the sensuous ideal of the dawning Renaissance, which are embodied in the figures of Wolfram and Tannhauser. Wolfram, who does not want to dim and desecrate by his touch the "wonder well" and wants to discipline himself by adoration and by sacrifice;—and Tannhauser, who after a dithyrambic voluptuousness hurls at his terrified audience the word: "And in lust only I love." Apparently he succumbs, but the withered staff in the priest's hand begins to become green again—and in spite of all his respect for the renunciation of Wolfram and the loftiness of his unwordly ideal, the sympathies of a warmblooded humanity are preponderantly on the side of his rival in the singing contest.

Thus this war of mankind, waged for thousands of years, is carried on into the present.

The old controversies arise, again and again, in the divergent demands and interests of all organized in state and society as well as of the individual's unsatisfied hunger for happiness. In the midst of this fight, our task can only be to interfere—by prevention and protection—to strengthen the powers of a necessary and justified renunciation and to keep uncurtailed the little of genuine happiness that smiles on human life, which is not blessed with a superabundance of joys.

CONCLUSIONS.

1.—Whether and how far sexual abstinence is practicable at all; and whether, within certain limits, it is harmless or is necessarily connected with more or less serious somatic and psychic disturbances—from a hygienic-medical standpoint, these questions must be answered not according to general rules, but according to sex, age and disposition, temperament and character, education, environment—that is to say, *individually*.

2.—For obvious reasons, discussions have mostly considered *men* and especially *adolescent men*. But the question of sexual abstinence is of more importance for *women* and for women of all ages up to the completed climacterium; here sexual abstinence must be considered as more serious and more important not only because of the prohibited sexual satisfaction as such, but in a far higher degree, because the unsatisfied impulse for motherhood, the longing for children are essential factors.

3.—The renunciation of sexual satisfaction must not be regarded as impracticable or as connected with unsurmountable disturbances and lasting injuries for the healthy youth of both sexes, until we reach a certain age which corresponds to the completed development (about the middle of the twenties); this is true, at least, for our climatic, hygienic and social conditions.

(The opposite assertions, propagated by the effeminate tendencies of to-day and a corresponding one-sided and biased tendency in literature, are generally unfounded and enormously exaggerated.)

But, as we have said, this applies only to individuals of a healthy disposition who have grown up under normal conditions and live in accordance with the rules of hygiene; the end of whose education is an harmonious development of mind and body, and whose habits of life do not prematurely and unnecessarily emphasize the sexual impulses and aims, and push them to the front.

4.—The case is different where these conditions are absent: where, from the beginning, the individual is abnormally predisposed, and of an inferior and psychopathic constitution, and has grown up under unfavorable influences.

Under such circumstances there may be produced, at an early age, threatening manifestations of serious somatic and neuro-psychic injuries, and various derangements of the impeded sexual impulse, associated with other psychoneurotic disturbances (anxiety neuroses, etc.). Here, however, in the totality of jointly operat-

ing causative factors, we must consider sexual abstinence only as an auxiliary factor, and only in the rarest cases as a directly *exciting* cause.

5.—Of course, things are essentially different for persons of both sexes who have reached the age of full maturity. Among men, sexual abstinence spontaneously practiced or imposed from without, is regarded as a comparatively rare exception and, in its consequences, an accomplishment of heroic ascetism, inasmuch—as experience teaches—the ascendancy of loftier intellectual interests and higher aims of the will may lead to a stunting and dwindling of sensuality, and thereby essentially lessen the danger of its non-satisfaction for the organism. After all, such so to say asexual manhood must be regarded as a sort of abnormality and at least, as an undesired, inappropriate venture for average natures.

Among women, according to their whole somatic-psychic organization, the injurious consequences of a continually practiced sexual abstinence manifest themselves much sooner, more intensively and (apart from a minority of pronouncedly “frigid” natures) almost without exception, in different gradations. Even in *light* cases, almost always a gradual stunting or one-sided development of the intellectual personality takes place together with a never-failing unfavorable affection of the purely somatic functions; while in *serious* cases, only too often full-grown symptoms of anxiety neurosis, of sexual neurasthenia, hysteria and even fully developed psychoses manifest themselves as consequences of the forcibly suppressed female instinct, and they exercise a calamitous influence upon the later periods of life.

6.—To sum up: *Temporary* sexual abstinence, especially during youthful years of development, can very well be practiced. Under a normal constitution and proper habits of life, it is without danger to the health of the individual. However, a *continued*, or, worse yet, a *lifelong* sexual abstinence is not by any means without danger, and often must be regarded particularly among women, as the direct cause of serious somatic as well as psychic injuries. Consequently, its imposition and moral or legal coercion is a continual source of danger to the individual's body and mind. Therefore, without being in sympathy with the extreme program of radical sex reformers, from a hygienic standpoint we hail with pleasure all efforts which are tending towards the removal or mitigation of this “Sexual Misery.”

ABSTRACTS

FOREIGN BODIES IN THE VAGINA: REPORT OF A REMARKABLE CASE.

By THOMAS S. CUSACK, M.D., (L. I. Med. Jour.).

Kings Park State Hospital, Kings Park, L. I.

The following may have its fellow recorded somewhere in the pages of medical literature, but up to the present I do not remember having come across its compeer anywhere. Now and then one finds a few isolated cases where a single foreign body, such as a hair-pin, etc., is encountered, but when the number is legion we must admit that the condition is unique if not rare. The case which I am going to describe presents many interesting features, viz., the number and character of the foreign bodies, their duration in the vagina prior to recognition, the symptom complex leading to a mistaken diagnosis, age and mental condition of the patient, and finally the subsequent history. The accompanying photograph speaks for itself, and may be of interest.

Case E. D., Dementia Praecox, Paranoid Form, female, single, 44 years of age, occupation nurse, born in Ireland; admitted March 10, 1908 to the Kings Park State Hospital from St. Vincent's Retreat, where she had been for eight months prior to admission here. Mental condition characterized by active auditory hallucinations, lethargic condition, extreme apathy, indifference, at times excitable, had a fixed persecutory trend against some friends of hers who seem to have known all about her past life; very active masturbator.

Physically, patient was poorly developed and poorly nourished; systolic murmur at the apex; lungs, abdomen, cutaneous and nervous system negative. Since coming to the hospital she has grown very much dilapidated and deteriorated. Some time after admission it was discovered that she was failing in health and had lost considerable weight. The physical signs in her chest revealed the presence of pulmonary tuberculosis, resulting in her being admitted to the tubercular ward April 23, 1910.

On Wednesday, September 5, 1917, while making rounds on the ward, my attention was attracted to the fact that the patient had a very foul discharge, tinged with blood. At the same time it was noted that she had marked protuberance of the abdomen, confined especially to the region between the symphysis pubis and the umbilicus.

Immediately a vaginal examination was made, which revealed the presence of a mass the size of a large grape fruit. This mass had an extremely hard, nodular surface, was adherent to the walls of the vagina and could not be dislodged. The adnexa were not palpable.

The vaginal secretion was noted as foul smelling and tinged with blood, to all intents and purposes resembling cancerous ichor, pointing to a carcinoma of the uterus, with which, as a matter of fact, I thought I was dealing. Lysol douches were at once instituted as a palliative treatment and a deodorizer. Close watch was kept on the case and further developments were awaited.

A few days later it was noted that the tumefaction in the abdomen assumed enormous proportions; physical examination revealed the presence of a tumor body, symmetrical in form, which could be well outlined, and seemed to spring from the body of the uterus. Percussion revealed a dull note over this tumor body and the abdomen was extremely tense.

Of course, the diagnosis of a possible pregnancy was completely routed. The most probable conditions thought of were that we were dealing with a pedunculated ovarian cyst, dermoid cyst, or uterine fibroma.

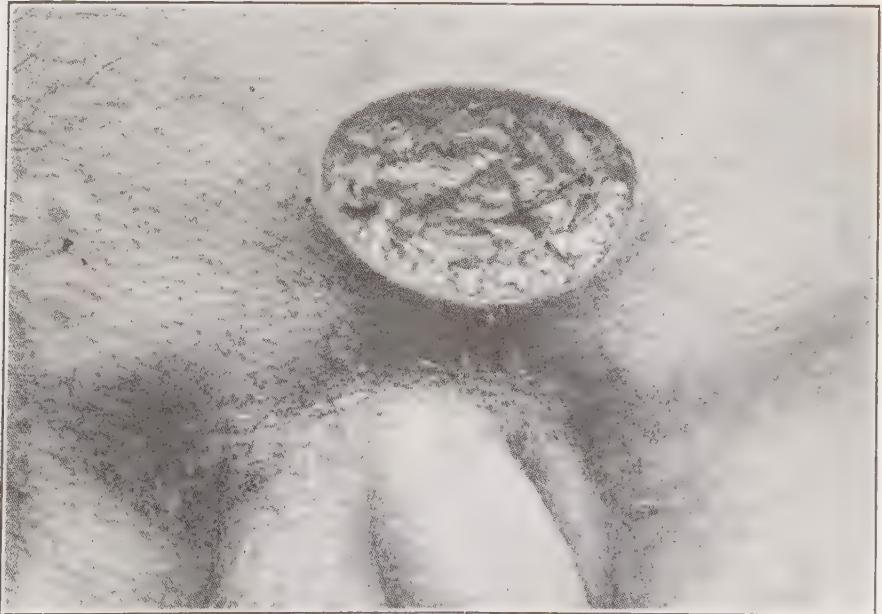
A few days later it occurred to me to examine the patient again vaginally. This I did, and, instead of finding a carcinoma of the uterus as I heretofore thought, my fingers went through an exceedingly boggy mass, exceptionally friable, and on removal I found that I was dealing with the following articles which, evidently from the history, had lain there for well nigh seven or eight months:

- 1 Padlock
- 2 Fish Vertebrae
- 1 piece Gas Pipe
- Husk of Nuts
- 4 Screws
- 1 piece Rubber Tubing
- Parts of an Electric Bulb, which
apparently had been put in intact.
- 2 medium sized Fruit stones
- 1 Fairly Large Sized Sand Stone
and numerous Calculi,

the whole thing enmeshed in a matrix of clay, cotton, cheese-cloth, and matted hair.



To illustrate Dr. Cusack's case of Foreign Bodies in the Vagina.



To illustrate Drs. Levy-Bing and Gebray's article on Enormous Syphilitic Chancre on Abdomen.

Dr. Gordon Gibson, of Brooklyn, N. Y., visiting surgeon to the hospital, was called in consultation and made a diagnosis of left ovarian cyst, which was subsequently confirmed by operation. This cyst weighed 10 pounds. The patient made an uneventful recovery. At the present time she is up and around the ward and seems to have improved very much mentally and physically from the above unusual syndrome.

ENORMOUS SYPHILITIC CHANCRE ON ABDOMEN.

Drs. Lévy-Bing and Gebray (*Annales des Mal. Vén.*, Jan. 1918) report the following case. A man, aged 34, attendant at a military infirmary at the time of the accident, came under the care of the writers on August 10, 1917, for a "lesion in the pubic region, probably of syphilitic origin." The patient presented a voluminous ulcerous crusty lesion in the abdominal region. He was emaciated and tired looking; his weight was 64.5 kgs., having lost from 4 to 5 kgs. in three weeks. On interrogation he gave the following history: Being on leave of absence during the latter part of June he indulged in numerous cohabitations with the same woman. July 20th (twenty days after his last coitus) he noticed a pustulous lesion in the abdominal region. This did not trouble him in the least; he thought it was a furuncle. Towards the end of the month of July he noticed that his "furuncle" did not get better—on the contrary, it increased in size and assumed the appearance of an ulcerous crusty sore. He then consulted a physician of his regiment who prescribed wet dressings. After this the crust fell off, to reappear at once, and the sore increasing in size. On August 8, he was sent to an infirmary, and on August 10th, removed to the venereologic station at the base of his division. The writers saw him on the same day, at 3 o'clock in the afternoon. He was examined at once, and a diagnosis of syphilitic chancre in the abdominal region was established without difficulty. At the same time the writers discovered a general very pronounced macular roseola. According to the patient, it had not existed in the morning and had broken suddenly at 11 A. M. The lesion was on a level with the abdominal region, three centimetres above the root of the penis, exactly on a line contiguous with the umbilicus in the centre of the pubis. It was elliptical. Six centimetres (2½ inches) wide, three centimetres high. The edges were slightly raised and red; the bottom was covered with blackish, smooth, very hard and very adherent eschar. Palpation revealed a deep and very

pronounced induration. The peripheric tissues were slightly edematous and red. There was a bilateral, polyganglionic, hard and mobile inguinal adenopathy. The integuments were covered with a general macular roseola, certain parts of which were confluent in different places, and chiefly so on the surface. The Wassermann test, made on August 18, was positive. The combined arsenic and mercury treatment was instituted at once, intravenous injections of novarsenobenzol being given by the week, intramuscular injections of biniodid every other day. The local treatment consisted in wet dressings, applied to the chancre. On August 14, after the black eschar had disappeared, the wet dressings were continued. Under the specific treatment the chancre subsided rapidly. On September 7th, of the large and deep ulceration nothing was left but an erosive surface the size of a pea. The pigmented scar was still very hard. The patient began to regain his strength, showing a weight of 68 Kgs.

SYPHILIS AND MALIGNANCY.

In a paper on Syphilis and Malignancy (*Am. Jour. of Syph.*, Jan. 1918), Dr. Burton Peter Thom expresses the opinion that syphilis is a very potent factor in malignancy, especially so in regard to buccal and lingual cancers which form a not inconsiderable percentage of malignant disease. The author believes that a causal relation exists between them because syphilis produces a *locus minoris registentiae* that renders the tissues more susceptible to the development of aberrant cells. He wants that in every case of supposed malignancy, careful exclusion of syphilis should be made. In summing up he places emphasis on the following points: I. Syphilis predisposes malignant diseases. II. The most malignant forms of syphilis and cancer may exist side by side—the so-called juxta-syphilitic carcinoma or epithelioma. III. In a syphilitic developing cancer there is almost certain to be a local outbreak of the luetic disease in close proximity to the malignant growth. IV. In an individual with cancer who contracts syphilis, the malignant disease is stimulated to increased activity. V. Leucoplakia occurring in syphilitics, especially if tobacco is used in excess, almost invariably develop cancer of the mouth or tongue. VI. Epithelioma or carcinoma may develop on a gumma, the lesions merging. VII. Syphilis may exactly simulate cancer in any location, either of the viscera or on the surface of the body.

CONFLICT BETWEEN SOCIAL AND NATURAL MAN.

Dr. G. Frank Lydston (*Impotence and Sterility*) decries the fact that sexual immorality and perverted sexual physiology of the human race is discussed from the standpoint of morals, with a total disregard for common sense, to say nothing of natural law. It does not seem to occur, he says, to the moralist and would-be social reformer that there is an organic basis for sexual infractions of moral and physiologic law—still less is it understood that the moral code is a relative matter, devised to subserve some selfish motive or other, with a disregard for natural law. . . . That monogamy, from a sociologic standpoint, irrespective of arbitrary moral codes, is best adapted to our own social necessities, is admitted. That it is in conformity with natural law so far as the human race is concerned, the author does not believe. Man, by nature, instinct, and physiologic demand—and incidentally, as a cog in the machinery of biologic “economics,”—is a polygamous animal. Monogamy, like many other social customs, is a sacrifice of a natural law to personal and social selfishness and expediency. The sexual immorality and perverted sexual physiology of man—taking our own moral code as the standard—are the result of the battle of social with natural man.

CRIMINALITY AND SEX.

Altho statistics from every country show that women contribute a very small share of the serious crime of a nation—probably not more than ten per cent,—yet a careful physical and anatomical examination of the women who have led immoral lives discloses the fact that it is they, rather than the occasional female offender, who exhibit a large proportion of those deviations from the normal type, which are associated with men classed by Lombroso as born criminals. [Something which we no longer believe. Criminals, unlike poets, are made, not born.—*Editor*.] According to this mode of education, on the biometric basis, there is but a very slight difference in criminality between the two sexes, leaving perhaps a slight predominance of criminal instincts among women.—WM. AND CATHERINE WHETHAM: *Heredity and Society*.

TWO ODD CASES OF FOREIGN BODIES IN THE
BLADDER.

By CLARENCE MARTIN, M.D., St. Louis.

One doing urological practice cannot but be struck by the comparatively large number of patients who, for one reason or another, introduce foreign bodies into their urethral canals, and then losing control of the object permit it to slip further along until it reaches the bladder. Some of these patients employ the object for purposes of urethral titillation, ordinary masturbatory procedures proving insufficient, or the patient wants to try something new. New pleasures are ever popular in this prosaic world of ours.

Owing to the shortness of the female urethra, a condition facilitating their introduction, foreign bodies in the bladders of women are commoner than in male bladders. Then again, the proneness of some women to resort to attempts to bring about abortion in the privacy of their own rooms and guided entirely by the sense of touch accounts for some of the bodies introduced into bladders, and in a manner "absolutely unknown" to the sufferers.

A boy, 19 years of age, was referred to me by Dr. J. Hethcock of Morehouse, Mo. Three years previously the boy began to complain of pain in the bladder and increasing urgency and frequency of urination. During this period and up to the time of coming under Dr. Hethcock's care, several physicians had treated the patient for "catarrh of the bladder," cystitis, etc. Dr. Hethcock sounded the boy's bladder and easily detected a stone. Thereupon he referred the patient to me for treatment. A cystoscopic examination disclosed a large phosphatic stone.

The boy admitted that for some years he had masturbated rather frequently. Three years before, at the age of 16, on one afternoon while engaged in this pleasant pastime, the happy thought possessed the boy to take a piece of chewing gum from his mouth, roll it into the form of a pencil and introduce it into his urethra.

During the subsequent manipulation to which the pencil of gum was subjected, it broke into two pieces. Thoroughly alarmed, the young fellow made frantic efforts to work the fragment from his urethra. His efforts merely forced the piece of gum further back into the canal until finally it reached the bladder. He told his parents nothing. In a few days following the unhappy

accident, bladder symptoms began and continued to increase in severity until coming under my care—three years later.

The stone was removed through a suprapubic incision done under local anesthesia (one-half per cent. solution of novocain). It was a soft, friable phosphatic concretion measuring 1 by 1½ inches. On being sawn in two the nucleus of the stone was found to be a soft piece of chewing gum.

A girl, 15 years of age, was referred to my service at the St. Louis City Hospital from the medical service for treatment for an intensely painful cystitis. I found the girl suffering from great urgency and a fifteen to thirty minute frequency. The urine was foul. Owing to the violent cystitis, which prevented sufficient distension of the bladder, cystoscopy was unsatisfactory, but a view was secured of what seemed to be two or three stones. A foreign body was plainly felt upon introduction of the instrument. The Roentgen ray showed a large, peculiarly shaped shadow in the bladder region.

The girl was etherized and litholapaxy attempted, but it was impossible to distend the bladder and the jaws of the lithotrite would not grasp the body which could be plainly felt. The urethra was then dilated and the index finger introduced. A soft rubber catheter, encrusted with urinary salts, was easily made out. After some manipulation the finger was crooked in a bend of the catheter and it was withdrawn. It retained the shape it had taken in the bladder. It had lost its elasticity and was coated with phosphatic encrustations.

The following day the dilated sphincter muscle had regained its tone, and in a few days under irrigations with solutions of nitrate of silver, the vesical symptoms disappeared.

What appeared cystoscopically to be two or three stones was the appearance given by the doubling of the catheter two or three times on itself, the elbows thus produced giving this impression.

The girl subsequently questioned, strenuously denied all knowledge of the introduction of the catheter for any purpose but when she confessed that four or five months before she had been pregnant and had gone to a midwife for aid, it became obvious that some unskilled hand had made an effort to introduce the catheter into the pregnant uterus and, unfortunately for the girl, had entered the wrong opening. The catheter had been in the bladder for four or five months at least. Its condition showed that.

SYPHILIS AS A CAUSE OF DIABETES AND THE DIAGNOSTIC VALUE OF THE WASSERMANN TEST.

Dr. John R. Williams (*J. A. M. A.*, 2. 9. '18) directs attention to the startling pronouncement of A. S. Warthin in 1916 (*A. J. Med. Sc.*, vol. 152, p. 157 and p. 508) that syphilis is probably a frequent cause of diabetes mellitus and that the Wassermann test and clinical history, when negative are inconclusive evidence of the absence of syphilis in diabetes. As there are from 100,000 to 1,000,000 diabetics and about 3,000,000 syphilitics in this country, it will become obvious that the relation of these two diseases requires careful study. For a number of years, Dr. Williams has tabulated, from the histories of cases, all observable abnormal changes in body structures and functions. A careful examination of 126 cases for the lesions which characterize syphilis did not show that the disease is a common causal factor in diabetes. Thirty-seven of the author's patients had a cholesterinemia, and yet reacted negatively to the Wassermann test. Since cholesterol is purposely added by serologists to increase the delicacy of the test, it would seem that if these patients had had the slightest trace of syphilitic infection, they would have reacted positively. Moreover, many combined clinical and pathologic studies reported in the literature support the belief that the Wassermann reaction as a diagnostic aid is a dependable procedure in from 70 to 90 per cent. of all types of syphilis. Furthermore, in the hands of clinicians who have had a wide experience in the study of diabetes, the Wassermann test has been positive in only from 3 to 10 per cent. of the cases examined. In the author's experience, only four cases out of 143 examined thus reacted. All this does not lend support to the hypothesis that syphilis is a prominent factor in the production of diabetes.

[In former years "malaria" was the underlying cause of all obscure human ills. We have now a class of physicians who see "syphilitically." They have a tendency to see syphilis in every human being, from the newborn babe to the centenarian. The history of luetic infection may be lacking absolutely, there may be complete absence of clinical symptoms, the Wassermann may be definitely negative—and still it is or may be syphilis.

Thus does the pendulum swing from one extreme to another. *A priori*, one would think that there can be little if any relationship between diabetes and syphilis: diabetes is a particularly frequent disease among the Jews, in whom syphilis is less common than in any other nation in the world.—*Editor.*]

PHAGEDENIC CHANCROID SUCCESSFULLY TREATED WITH CARREL-DAKIN SOLUTION.

In a paper on the Use of the Carrel-Dakin Solution by Drs. J. W. Bodley and W. H. Means (*Med. Rec.* 2. 23. '18) the following case is reported. A young man, aged 26 years, came to the dispensary of the Lankenau Hospital, Philadelphia, with a painful discharging chancroid situated on the frenum. He was put to bed and treatment instituted with 50 per cent. solution of potassium permanganate, 50 per cent. silver nitrate in the form of the caustic stick, pure iodine crystals, and pure carbolic acid. In spite of these measures the condition progressed rapidly from bad to worse until finally the dorsal surface of the glans with the corpus spongiosum and the overlying skin became involved. Amputation of the penis was considered and the operation was consented to. But before resorting to this radical measure, an attempt was made to treat the case with Carrel-Dakin solution. A thick layer of gauze was applied to the parts and held in place with a bandage, and the patient was instructed to keep the gauze constantly moist with the solution which was placed at his bedside. As the dressing became soiled, it was renewed. At the end of 36 hours the discharge had ceased entirely, and at the end of five days the use of the solution was discontinued, and the patient was able to leave the hospital on the seventh day. However, the dorsal half of the glans had been lost. The patient said that at no time had he experienced any irritation from the solution and when seen four weeks later the result was remarkable.

CONDYLOMA OF THE UMBILICUS.

Dr. A. G. Rytina (*Am. Jour. of Syphilis*, Jan. 1918) describes the following case. November 16, 1916, a man, steelworker by profession, complained of sores around the arms. He had been in good health all his life. No previous venereal diseases except a sore on his penis eight weeks ago, the incubation period of which was nine days. The sore healed in a month under local treatment. About five weeks ago he noticed a severe itching around the arms which was followed in several days by the appearance of a number of sores which gradually became larger and more painful. During the past two weeks a warty mass has appeared around the arms which was so painful that the patient had no rest. During the last day or two he had a burning and itching sensation in the umbilical region which he attributed to an elastic belt he wore, which reached

to the level of the navel. He also complained of a sore throat and a sore on the inside of his lower lip. Examination revealed the external genitals normal, except for the presence of a small elevation on the right lip of meatus, and an indurated area on the left side of the penis, near the frenum. Both these places were the remains of the original sites of infection, evidently two in number. The inguinal glands of both sides were enlarged and painless. Surrounding the arms there was a ring of condylomata which, on microscopic examination, showed many spirochetæ pallidæ. A faint macular rash could be seen over the body. The right tonsil was covered by a mucous patch, and a patch was seen on the inner side of the lower lip. A cervical adenitis was present also. On everting the umbilicus three distinct and typical condylomata were seen.

Microscopic examination showed the presence of many spirochetæ pallidæ. The patient was given four intravenous injections of salvarsan of 0.3 gram each, at weekly intervals. On December 4 there was a slight itching around the arms, but the pain had disappeared. Condylomata of the umbilicus were drying up. On December 12 the condylomata of the arms were almost dried up and no longer caused discomfort. The condylomata of the umbilicus were dry and smaller. The lesions were all clearing up.

In commenting on this case, the writer expresses the opinion that the irritant action of the belt worn around the umbilicus was undoubtedly the predisposing factor in the production of the lesion, the luetic nature of which was demonstrated by the presence of spirochetæ pallidæ and their rapid disappearance after the institution of antisyphilitic treatment.

TUMORS OF THE TESTICLES.

In an article on Testicular Tumors (*Clin. Med.*, March, 1918) by Drs. G. Frank Lydston and Milton J. Latimer, the authors present two cases from practice to emphasize the necessity for early operation. The subject of the first case was a boy of 18, suffering from gonorrhea, who had injured his right testicle. What was diagnosed as orchitis supervened. Three weeks later he consulted Dr. Lydston. A testicular tumor involving the entire testis was found. It was smooth, insensitive, painless, elastic and the size of one's fist. There was no glandular involvement and the patient's general health was good. The tumor was removed, the cord being resected high up in the pelvis. Healing was prompt. The tumor was typical adenocarcinoma. When seen twelve years later the patient was still perfectly well. In the second case, a physician, 28 years

old, had received a slight injury of the right testicle. This was followed by a moderate swelling of the testicle, being, at first, only slightly painful. Pain and swelling increased, with considerable neuralgic pain in the cord. There was no temperature. When the patient consulted the writers three weeks after the injury, there was a swelling, apparently limited to the epididymis. It was slightly sensitive and about the size of the thumb. As the patient many years before had had tuberculosis, infection of the testicle with tubercle bacilli was suspected. Epididymectomy revealed the epididymis being normal, the tumor that had been mistaken for the globus minor being a circumscribed growth in the lower pole of the testicle. The rest of the testicle was normal. The appearance of the neoplasm suggested the possibility of gumma. A section taken for examination showed the tumor to be carcimona. Complete abolition of the testicle was immediately performed, the cord being severed as high up as possible. The patient recovered promptly.

AN UNUSUALLY LARGE VESICAL CALCULUS.

Drs. McCandliss and Bercovitz, Hoi How, Hainan, China, report the following case (*J. A. M. A.*, 3. 2. '18): October 30, 1917, a man aged 31 entered the American Presbyterian Hospital, complaining of great pain on urination, with pain over the bladder. He had been in this condition for over ten years. When entering the hospital he could not stand erect on account of the pain. A sound introduced into the urethra met at the neck of the bladder a solid, immovable body. This could be palpated 2 inches above the pubes. The urine showed an intense cystitis. An incision was made above the pubes and the bladder opened. A large irregular stone was disclosed which was found to be impacted. As it could not be dislodged, a hammer and chisel were used to break it into pieces. An outer shell from three fourths to seven eights inch in thickness was first broken through anteriorly and removed. The nucleus of the stone, 2 inches long, 1½ inches wide, and 1 inch thick, was then removed. A mass of small fragments and debris was removed; a considerable amount of "sand" was adherent to the walls of the bladder and the edges of the wound. After thorough drying, the fragments that were recovered weighed 385 gm. The bladder was thoroughly irrigated and a large rubber tube drain left in the suprapubic opening which on November 21 was almost closed.

INFECTIONS OF THE GENITO-URINARY TRACT.

Dr. Louis E. Schmidt (*Chicago Med. Recorder*, Feb. 1918) directs attention to the relation of focal infections to general diseases. Both sexual and urinary organs are often involved in inflammatory diseases. In acute gonorrhea infections of the urethra and adnexa or both, septicemia, endocarditis, arthritis, and synovitis, based on gonococcal infection, are not uncommon. The author is convinced that there is an internal secretion of the prostate in many instances of enlarged prostate, often in comparatively young individuals, which is productive of signs and symptoms of a pronounced cardiac and vascular type. These are not infrequently accompanied by pronounced renal and gastric symptoms. The prostate is almost always involved in a chronic urethral infection. The writer has nearly always found bacteriologically either the streptococcus or staphylococcus, and never the gonococcus, in chronic involvements of the prostate of more than two or three years duration. He has never found the gonococcus except in comparatively recent infections. Seminal vesicles are equally as often involved as the prostate, and bacteriologically identically. As a rule, both vesicles and prostate are involved at the same time. If operative work is undertaken, *all* structures involved should in most instances be operated upon. [?]

Neuroses and psychoses are frequent accompaniments of inflammatory involvement of the prostate, verumontanum and vesicles. The bladder is frequently inflamed, but as a rule infection is also present elsewhere. In several instances of ulcer of the bladder with cystitis, the writer can recall remote troubles which were improved by local treatment of the ulcers. The kidney and ureters are easily involved in various forms of infection. The writer emphasizes the necessity of not permitting ordinary urethral infections or such of the genito-urinary tract to become localized or to become focal infections which then become foci of infection and which in turn are the cause of many diseases, indefinite, vague, of more or less importance.

DIFFERENCES IN THE EXTERNAL GENITAL
ORGANS IN DIFFERENT RACES.

The external genital organs present very marked differences in different races, being but slight in the male, but very considerable in the female. The hemispherical, conical, and pyriform mammæ which are now characteristic of the races which surround us, were formerly peculiar to distinct races. It is not less certain

that their exaggerated length, from the period when the female has fulfilled her maternal functions, is an essential characteristic of other races. We meet with accounts of negresses throwing their breasts over their shoulders to suckle their infants hanging at their backs. A Bosjesman woman could bring the two breasts together behind, above the region of the buttocks.—PAUL TOPINARD.

SEXUAL LOVE AN ACQUIREMENT.

G. ARCHBALD REID (*The Laws of Heredity*) maintains that sexual love is an instinct which prompts to actions which, like swimming, are instinctive in the lower animals, but which man must acquire the ability to perform. At any rate, the ability to perform all the actions which lead up to the sexual act are acquired with him. The instinct is better developed, as a rule, in men, who play an active part, than in women, who play a passive part. No man could have offspring unless he had the instinct; but women, who in past times have often been the helpless slaves of their masters may, and often do have, offspring in the absence of any sexual inclination. On this, F. H. Hayward (*Education and the Heredity Spectre*) comments that the animal craving shared by man with the brute is not here intended, but the romantic feeling of admiration and devotion which is the theme of modern novelists. Such love is a thing of ideas, of ideals, of social atmosphere, of culture-inheritance. In modern Europe romantic love was largely the creation of the troubadours. It was they who threw a halo around love, as powerful as the stigma which, centuries before, was thrown upon it by the monks. What is odious and detestable at one epoch, becomes ideal and fascinating at another. In ancient Greece, forms of love that to-day in the eyes of the law are criminal, were regarded as romantic and ideal. In all such cases, the quality and status of feeling depended not on heredity, but on social atmosphere and tradition.

A CASE OF PSYCHIC IMPOTENCE.

A man 31 years old, perfectly healthy, with well formed and apparently normal genitals, came to Dr. Frank G. Lydston (*Impotence and Sterility*) for relief of impotence. He was of highly wrought nervous condition and had never been anything of a roué. He had not experienced an erection for some months. As he contemplated matrimony he desired a course of treatment. On inquiry he stated that he had on several occasions failed in accomplishing intercourse, but that he had found that with certain

females he was perfectly potent, while with others he was absolutely impotent. Under a course of local fardadization he improved very rapidly and in a few months the sexual function became so active that the electrode could not be passed because the slightest contact with the urethra produced vigorous erection. He married, yet for a year after marriage he had not yet succeeded in accomplishing intercourse. In the author's opinion, there was some inhibitory cause of a mental character, as shown by the fact that after marriage he still had vigorous erections and nocturnal omissions with dreams. As soon as the idea of attempting intercourse entered his mind he found it absolutely impossible to secure an erection. The author finally accomplished a cure by the following stratagem: The wife was sent away for three months, the husband being meanwhile treated with electricity. On the day of the wife's homecoming the patient was provided with a rectal suppository containing a little belladonna, opium and camphor. He was instructed to insert this on going to bed and was assured that the wonderful suppository never failed. There was no future trouble, the wife becoming pregnant within a few weeks.

PROLONGED CONTINENCE AS A CAUSE OF IMPOTENCE.

Dr. Victor Vecki (*"Pathology and Treatment of Sexual Impotence"*) points out that every gland, including the sexual glands, requires a certain amount of excitation or stimulation of its nerve centre to produce energetic action; otherwise it depreciates and finally ceases to respond to excitation. Every muscle, including the erectile muscles, is strengthened by exercise, and is weakened, wasted and atrophied if not exercised. All bodily functions demand appropriate gymnastics, or work, the sexual functions no less than any other. It is practically proven and in accord with theory that continence, or sexual abstinence, whether absolute or relative, weakens vitality. The sexual instinct disappears gradually, if not roused from without. The cases oftenest observed and affording the clearest proof of the weakening influence of continence on virility are those in robust men compelled to observe continence. In many cases of impotence the prostate gland is treated with all kinds of local applications, milked and massaged, where the natural exercise of its functions would accomplish all that is necessary. The vesiculæ seminales, the prostate and neighboring glands are sometimes choked up with the products of their own secretions, producing congestion or passive hyperemia, and its con-

sequences. In such cases, instead of milking the seminal sacs, or massaging the prostate, the physician can safely order their emptying, repeatedly if necessary, in the natural way. The same is true of latent gonococci lodged in the prostate, and giving rise to chronic gleet and various urinary disorders. It is a common cause of sex weakness in advanced cases and cannot be removed by massage and milking. In regard to Vecki's recommendation of the emptying of the prostate by intercourse to rid it of gonococci, it is of course necessary to use some method to prevent infection of the vagina, such as sanitary coverings or antiseptic solution.

Dr. Landois ("*Physiologie des Menschen*") maintains that the continued inactivity of the nerve centres of the reproductive organs diminishes their irritability, or excitability, even to complete annihilation.

Edward Martin ("*Impotence and Sterility*," in Hare's "*System of Therapeutics*") argues that prolonged continence is one of the causes of atonic impotence when the instinct is strong and the mind filled with amorous desires, on account of the prolonged congestion which does not receive the normal physiologic relief.

Loewenfeld ("*Sexualleben und Nervenleiden*") recites a number of cases in which prolonged abstinence caused various nervous diseases.

Wilhelm Erb ("*Consequences of Sexual Abstinence*") says that at about the third decade of man's life seminal tension becomes so great that enforced continence leads to pollutions or masturbation and the emotional nature is more or less impaired.

THE CATHOLIC CHURCH AND THE BIRTH RATE.

Edgar Schuster ("*Heredity*") points to the curious contrast in fertility shown between the French residents in France and those whose ancestors emigrated to Canada. The latter, after moving on from Canada to Rhode Island, are the most prolific of the immigrants in that State, and in Canada itself the French are multiplying at a greater rate than the English. The writer believes that the most probable cause of the contrast is the greater influence of the Roman Catholic religion in Canada than in France.

Many a child born by accident, against the parents' will, has proven the parent's treasure and become one of the world's great and noble saviors.

SOME FACTS ABOUT THE AMERICAN INDIAN.

The total Indian population in 1910 was 265,683 for the United States, and 25,331 for Alaska. (All persons of mixed white and Indian blood who have any appreciable amount of Indian blood are counted as Indians). The number of Indians of full blood was 150,053; of mixed blood 93,432, leaving 8.4 per cent. not reported. (In Alaska the proportion of full blood is much higher). Males predominate, there being 103.5 males for every 100 females. (In Alaska the males being 105.3.) Sterility is considerably less common in cases of miscegenation than in those of full blood; sterility decreases directly as the amount of white blood increases. There is an inverse relation between the amount of white blood in the married couple and the proportion of childless unions. Between Indian and white the highest fertility is between full blood and white, but the fertility is still more pronounced where husband and wife represent a mixture of white, negro and Indian. For families of from one to eight children there is in almost every case a greater degree of vitality the greater the amount of white blood represented. Polygamy is not now common among the Indians, but it appears that polygamous connection gave a considerably smaller percentage of sterility, and, when fruitful, a larger percentage of children survive than in full blood monogamous unions. Early marriage is common, the proportion of marriages between 15 and 19 years of age being greater among Indians than among whites or negroes.—Indian population in the United States and Alaska, 1910. Dept. of Comm., Bur. of Census, Washington, D. C., 1915.

UNIVERSAL PEACE.

....The days of universal peace are not at all near, nor may we look for their coming until the base instincts of human nature have been eliminated or subdued by an intelligent self-control. Meanwhile, whether a people be at war or peace, their deep discontent with the course of their life is strong testimony to the misery of human existence.—DR. W. DUNCAN MCKIM: *Heredity and Human Progress*.

As immoral must be condemned every sexual act in which harm is wittingly done to the physical or moral personality of the sexual partner. Hence, sexuality, moral or amoral, whichever you will, presupposes freedom of action and intrinsic spontaneity in both partners.—ROBERT MICHELS.